



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 8706

SERIAL NUMBER 10/620,221	FILING OR 371(c) DATE 07/15/2003 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. 22064-71990	
<b>APPLICANTS</b> Gary A. Koppel, Indianapolis, IN; <i>Goyal</i> <b>** CONTINUING DATA *****</b> This application is a CON of 09/640,363 08/16/2000 PAT 6,627,625 which claims benefit of 60/149,115 08/16/1999 and claims benefit of 60/172,452 12/17/1999 and claims benefit of 60/176,570 01/18/2000 and claims benefit of 60/194,534 04/04/2000 <i>Goyal</i> <b>** FOREIGN APPLICATIONS *****</b> NONE. <i>Goyal</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <i>Goyal</i> <b>** SMALL ENTITY **</b> ** 10/14/2003					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Goyal</i> Examiner's Signature <i>Goyal</i> Initials	STATE OR COUNTRY IN	SHEETS DRAWING 12	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 7
<b>ADDRESS</b> 23643					
<b>TITLE</b> Neurotherapeutic clavulanate composition and method					
FILING FEE RECEIVED 543	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			